

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL082140	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 01/30/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WRENETTE PLACE

7029 SAN JAN HILL COURT
RALEIGH, NC 27610

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report by Greg Williams DHSR Construction Section conducted a Biennial Survey on January 30, 2015. DHSR records indicate the home was first licensed on June 24, 2006 as a Family Care Home for six (6) ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes and the 2006 North Carolina State Building Code - Section 421.2 - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000	CONSTRUCTION SECTION MAR 20 2015 RECEIVED	
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. At the time of the survey it was noted that a new through wall HVAC unit had been installed in Resident Bedroom #3 (Front Right). The sheetrock around the new HVAC unit had been cut and needed to be repaired. Repair, prime and paint to match existing and provide documentation to our office when corrected.	C 174		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wrenette Olajide, Admin. 3/1/15

STATE FORM

8000

X83Y21

If continuation sheet 1 of 2

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092140	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 01/30/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WRENETTES PLACE

**7029 SAN JAN HILL COURT
RALEIGH, NC 27610**

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C 174	Continued From page 1 2. In the Bathroom off of Residents Bedroom #1(Back Left) The toilet was loose from the floor. Have the toilet reset and tightened to the floor and provide documentation to our office when corrected. 3. In the Dining area there was a hole in the half wall dividing the Dining Room from the Living Room. Have the hole in the sheetrock repaired, primed and painted to match existing and provide documentation to our office when corrected. 4. In the Kitchen area the molding at the base of the Pantry Closet was loose from the floor. Have the molding reattached to the wall/ floor and provide documentation to our office when corrected.	C 174		

WRENETTE' PLACE INC

A) The home has a quality assurance program that meets on a quarterly basic to identify and discuss the needs and concerns of the home. During these meetings, the administrator shall review and discuss the needs of the home to ensure that the damage areas are corrective. Not only quarterly but as the need arrive.

5) The date when the corrective action will be completed is immediately. 3/17/15

Wrenette Olajye
3/17/15

WRENETTE'S PLACE INC.

Building Equipment Maintain Safe, Operating
Section .0300-The Building
10A NCAC 13G .0317 Building Service Equipment

(A) The building and all fire safety, electrical, mechanical and plumbing equipment in a family care home shall be maintained in a safe and operating condition

(J) This Rule shall apply to new and existing family care homes.

This rule is not met as evidence by:

1. At the time of the survey it was noted that a new through wall HVAC unit had been installed in Resident Bedroom #3 (Front Right). The sheet rock around the new HVAC unit had been cut and needed to be repaired. Repair, prime and paint to match existing and provide documentation to our office when corrected.

2) In the bathroom off of resident bedroom #1 (back left) the toilet was loose from the floor. Have the toilet reset and tightened to the floor and provide documentation to our office when corrected

3) In the dining area there was a hole in the half wall diving the dining room from the living room. Have the hole in the Sheetrock repaired, primed and painted to match existing and provide documentation to our office when corrected

4) In the kitchen area the molding at the base of the pantry closet was loose from the floor. Have the molding reattach to the wall/floor and provide documentation to office when correct

1) What corrective actions will be accomplished in those areas of the facility found to have been affected by the deficient practice.

A) The corrective actions that will be accomplished in the area the facility had not met this rule; The facility had installed new sheet rock around the unit, and dining room area. The walls was pastured, sand down, primed and the areas was painted

2) How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken.

A) Hopefully, this unfortunate incident will not affect other areas in the facility because there will be continuous monitoring of the building damages and condition. Repairs will be implemented as soon as discovered.

3) What measures will be put in place or what systemic changes you will make to ensure that the deficient practice does not recur;

A) The facility will make sure that all damages be reported to the administrator and the administrator will ensure that the damage area are corrected

4) How the corrective actions will be monitored to ensure the deficient practice will not recur, I.E. what quality assurance program will be put into place.

Whennette Olalaye
3/17/15

WRENETTE'S PLACE INC.**Building Equipment Maintain Safe, Operating (2) Toilet**

Building Equipment Maintain Safe, Operating Section .0300-The Building 10A NCAC 13G .0317 Building Service Equipment (A) The building and all fire safety, electrical, mechanical and plumbing equipment

(A) The building and all fire safety, electrical, mechanical and plumbing equipment in a family care home shall be maintained in a safe and operating condition

(J) This Rule shall apply to new and existing family care homes.

This rule is not met as evidence by:

1. At the time if the survey it was noted that a new through wall HVAC unit had been installed in Resident Bedroom #3 (Front Right). The sheet rock around the new HVAC unit had been cut and needed to be repaired. Repair, prime and paint to match existing and provide documentation to our office when corrected.

2) In the bathroom off of resident bedroom #1 (back left) the toilet was loose from the floor. Have the toilet reset and tightened to the floor and provide documentation to our office when corrected

3) In the dining area there was a hole in the half wall diving the dining room from the living room. Have the hole in the Sheetrock repaired, primed and painted to match existing and provide documentation to our office when corrected

4) In the kitchen area the molding at the base of the pantry closet was loose from the floor. Have the molding reattach to the wall/floor and provide documentation to office when correct

1) What corrective actions will be accomplished in those areas of the facility found to have been affected by the deficient practice.

A) The corrective actions that will be accomplished in the area the facility had not met this rule; the facility had reset and tightens the toilet to the floor.

2) How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken.

A) Hopefully, this unfortunate incident will not affect other areas in the facility because there will be continuous monitoring of the toilet seats.

3) What measures will be put in place or what systemic changes you will make to ensure that the deficient practice does not recur;

A) The facility will make sure that all damages be reported to the administrator and the administrator will ensure that the damage area are corrected

4) How the corrective actions will be monitored to ensure the deficient practice will not recur, I.E. what quality assurance program will be put into place.

Wrenette Stalge
3/17/15

A) The home has a quality assurance program that meets on a quarterly basis to identify and discuss the needs and concerns of the home. During these meetings, the administrator shall review all reports and discuss the needs of the home. Not only quarterly but as the need arrives

5) The date when the corrective action will be completed is immediately. 3/17/15

Wrenette Olajide

3/17/15

WRENETTE'S PLACE INC

Building Equipment Maintain Safe, Operating MOLDING
Section .0300-The Building

10A NCAC 13G .0317 Building Service Equipment

(A) The building and all fire safety, electrical, mechanical and plumbing equipment in a family care home shall be maintained in a safe and operating condition

(J) This Rule shall apply to new and existing family care homes.

This rule is not met as evidence by:

1. At the time if the survey it was noted that a new through wall HVAC unit had been installed in Resident Bedroom #3 (Front Right). The sheet rock around the new HVAC unit had been cut and needed to be repaired. Repair, prime and paint to match existing and provide documentation to our office when corrected.

2) In the bathroom off of resident bedroom #1 (back left) the toilet was loose from the floor. Have the toilet reset and tightened to the floor and provide documentation to our office when corrected

3) In the dining area there was a hole in the half wall diving the dining room from the living room. Have the hole in the Sheetrock repaired, primed and painted to match existing and provide documentation to our office when corrected

4) In the kitchen area the molding at the base of the pantry closet was loose from the floor. Have the molding reattach to the wall/floor and provide documentation to office when correct

1) What corrective actions will be accomplished in those areas of the facility found to have been affected by the deficient practice.

A) The corrective actions that will be accomplished in the area the facility had not met this rule; The facility had reattach the molding to the wall/floor.

2) How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken.

A) Hopefully, this unfortunate incident will not affect other areas in the facility because there will be continuous monitoring of the molding surrounding the wall/floor.

3) What measures will be put in place or what systemic changes you will make to ensure that the deficient practice does not recur;

A) The facility will make sure that all damages be reported to the administrator and the administrator will ensure that the damage area are corrected

4) How the corrective actions will be monitored to ensure the deficient practice will not recur, I.E. what quality assurance program will be put into place.

A) The home has a quality assurance program that meets on a quarterly basic to identify and discuss the needs and concerns of the home. During these meetings, the administrator shall review all reports and discuss the needs of the home. Not only quarterly but as the need arrives

B) 5) The date when the corrective action will be completed is immediately. 3/17/15

C) Wrenette O'Leary

3/17/15